

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$1,112.00 for date of service, 10/12/01.
- b. The request was received on 01/25/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 09/23/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 09/23/02. The response from the insurance carrier was received in the Division on 10/24/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
3. Notice of Medical Dispute Resolution, dated 09/23/02, is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 01/21/02

"We appealed date of service 10/12/01 with the insurance carrier because of reimbursement reduced to 50%. We billed procedure 29877 (arthroscopy of the knee) for \$1416.00. We were only reimbursed \$708.00. This should have been reimbursed at 100% of the TWCC medical fee schedule because this procedure was performed through a different incision than the shoulder repair.

We also billed procedure 23120 (claviclectomy) for \$809.00. The reimbursement was reduced by 50% on this procedure as well. This procedure was also performed through a separate incision. Per the op report, an incision was made over the deltoid along the

deltoid fibers and dissection was carried down through the subcutaneous tissue. We should have been reimbursed 100% of the TWCC medical fee schedule on this procedure as well. We are requesting additional payment of \$1112.50.”

2. Respondent: The response was not timely and consequently not eligible for review.

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 10/12/01.
- This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
- Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$2,225.00 for services rendered on the date above.
- Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$1,112.50.00 for services rendered on the date above and denied additional reimbursement as “F REDUCTION ACCORDING TO FEE GUIDELINES”.
- Per the Requestor’s Table of Disputed Services, the amount in dispute is \$1,112.00 for services rendered on the date of service in dispute above.
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
10/12/01 10/12/01	23120 29877	\$809.00 \$1416.00	\$404.50 \$708.00	F F	\$809.00 \$1416.00	MFG SGR (I) (D) (1) (b) (ii) (c); CPT Descriptor	<p>Per the MFG Surgery Ground Rules, the major procedure reflecting the greatest MAR value is the primary procedure. The Requestor has billed CPT Code 23420 as the primary procedure. For CPT Code 23120, the Requestor billed the MAR amount, \$809.00. The Carrier paid \$404.50. Because the Requestor’s operative note indicates a secondary procedure, related to the shoulder repair was performed through a separate incision, this CPT Code is subject to the multiple procedure rule. The Carrier’s reimbursement in the amount of \$404.50 (1/2 of \$809.00 MAR = \$404.50) was appropriate and no additional reimbursement is recommended.</p> <p>The Requestor’s operative note indicates a separate procedure was completed on the claimant’s knee. Carrier has reimbursed the Requestor at 50% of MAR. Pursuant to the MFG, “Procedures that are performed in remote areas that are unrelated to the primary procedure and require additional preparation shall be reimbursed at the lesser of the provider’s usual and customary fee or 100% of the MAR.” Carrier incorrectly reduced the billed amount by 50%. Therefore, additional reimbursement of \$708.00 is recommended.</p>
Totals		\$2225.00	\$1112.50				The Requestor is entitled to reimbursement in the amount of \$708.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$708.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 3rd day of December 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division
DT/dt